PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

249687USZ

CLAIMS AS FILED - PART I								SMALL E	NTITY	 -	OTHE	THAN
TOTAL OLANAS			(Column 1)		(Column 2)			TYPE		OR	OTHER THAN SMALL ENTITY	
. TOTAL CLAIMS			38			·		RATE	FEE	7	RATE	FEE
F	OR ·		NUMBER FILED		NUMBER EXTRA		·	BASICFEE	385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	38 minus 20=		•18	•		XS 9=		OR	X\$18=	516
IN	DEPENDENT C	CLAIMS	9 minus 3 =		E			X43=		OR	X86=	324
М	JLTIPLE DEPE	NDENT CLAIM P	RESEŃT					+145 <u>=</u>		1 1	200	001
* If the difference in column 1 is less than zero, enter "0" i						column 2		TOTAL	<u>. </u>	OR	+290=	1/ >
CLAIMS AS AMENDED - PART II								IOIAL		OR	TOTAL	1610
_	· · · · · · · · · · · · · · · · · · ·	(Column ¹)	· · · · ·	(Colum	nn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUME PREVIO PAID F	BER USLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 39	Minus	3	2	=		X\$ 9=		OR	X\$18=	
AME	Independent	. 10	Minus +++ /(=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							L	TOTAL		1 L	TOTAL ADDIT. FEE	->-
		A	DDIT. FEE			ADDIT. FEE	-					
6	•	(Column 1) CLAIMS REMAINING		(Colum	ST	(Column 3)	lr		ADDI-	T	•	ADDI-
AMENDMENT B		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**	•			X\$ 9=		OR	X\$18=	
AME	Independent	•	Minus	trans.		E		X43= ·		OR	X86=	· ·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
							Ĺ	+145=	·	OR	+290=	•
٠				•			· A1	TOTAL ODIT. FEE	,	OR ,	TOTAL ODIT. FEE	
· ·	 :	(Column 1)		(Colum					••			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	:	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	414				X\$ 9=		OR	X\$18=	
	Independent		Minus	***		3	+	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							,,,,,,		OR -	V00=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
!!	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
i	he "Highest Num	ber Previously Paid	For" (Total or	o SPACE is I Independen	ess thạn t) is the l	o, enter "3." highest number		DIT. FEE L	opriate box			